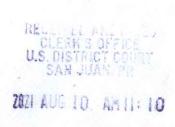
Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 1 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any:
Participant's Name: Maria M. Vera Saavedra
Participant's Address: P.O Box 148 Quebradillas, PR 00678
Participant's Email Address: maria wera saa e gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 153442
Nature of Claim: Law 96 Salary increase for Sila Calderor By: Maria M. Vera Assuedia governor
Maria M. Vera Saavedra Print Name
Principal and Superintendent of School - D.E. Title (if Participant is not an individual)
Date Date
Instructions for Filing Notice of Participation: If you are represented by counsel this Notice





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SAN JUAN PR 009

00918-170625

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San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste. 150 United States District Court, Clerk's Office

Discovery Notice to the Court's Clerk's office at:

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Maria M. Vera Saavedra
Participant's Address:	P.O. Box 148 Quebradillas, P. R 00678
Participant's Email Address:	maria vera saa @ gmail.com
Name of Counsel:	Don't
Address of Counsel:	have
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	143101
Nature of Claim: By: Mana M. L	Law 1801 370 increase of cost of living
Signature Maria M. 1 Print Name	Vera Saavedra
	f D. E. not an individual)
6 agust	2021





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SAN JUAN PR 009

00918-170625

United States District Court, Clerk's Office Discovery Notice to the Court's Clerk's office at: 150 Ave. Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767

Section of the control of the contro

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Paula I. Lopez Salgado
Participant's Address:	HC 46 Box 5818 Dorado, P.R. 00646
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	56534
Nature of Claim:	Public Employee and Pension/Retiree Claims
By: Paula I lope	Salgado
Signature	SING TO THE
Print Name	ez Salgacio
Title (if Participant is	not an individual)
August 8, 2	021
Date	



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 7 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: José G. Betancourt Tirado urs. Valle arriba Heights, Calle 132 #CB-10 Carolina P.R. 00983 Participant's Name: Participant's Address: Participant's Email Address: gilbertobetan @ hotmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual) Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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ALBERTO AGRON VALENTIN ASTRIB N. AGOSTO FERNANDEZ LILLIAM ALMEYOA BEALZ LYDIA E. ALBERTORIO RICARDO ALONSO FORTIER JOSE H. ANTUNEZ GUILES IRIS N. ARPOYO MORULA PEORO ALVES PIERO NILDA I BARRETO NENNASCEZ MELVINE BERRIOS DAVID EDIVIN BORRERO ALAMO ARIA I BUENO RAVALLE BOUFADILLA RENNETH BURGOS CORA NORMA M CANCEL AYALA DHALIA N CANCEL NIEVES ELVIN CASIANO BELLO A SECTION ASSESSMENT Car A Caraga Cara A SCHIA CARABALLO DI LUADO NEVACIA E CARGONINAZ ISMAEL CASTRO NEGRON JULIO CINTRON ESPINCIL JAVIER CLAUDIO VELEZ LESUR CORTES SANCHEZ JORGE IVAN CORA RIVERA CELEDONIO CRESPO SEPULVEDA JUAN R CRUZBERRIOS NYCHA CRUZ MONTES HEGTOR CRUZ VELAZOUEZ FELIX A DIAZ BURGOS EDNA L DIAZ DIAZ AUREA ENCARNACION PIVERA FELIX A FALCON RIVERA RAYMOND FERGELEC CINTRON ELIA J. FIGUERICA CARRILLO. MAXIMINO FIGUEROA RIVERA MARIA DE LOS ANGELES FONTANEZ COSME JOSE I FONTANEZ ORTIZ SCAIA FUSTER GONZALEZ
RUBEN GARCIA ACEVEDO
ACRGE L. GARCIA RIVERA
GENARDO GARCIA RIVERA
RAFAEL GAZTAMBIDE VAZOVEZ
BARIO GERBOS SILHOCRIGUEZ
ACRE A. GONZA RIVERA
ARIO GONZALEZ GONZALEZ
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José G. Betancourt Jipade Valle Arriba Heights CB-10 calle 132 Carolina, PR 00983

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94 2 11 01 500 1001 50 Ave. Carlos Chardon Ste. 150 San Suan, PR 00918-1767 United State Pistrict Court Clerk's Office 00918 \$7.00 R2305K132068-14 Participant's contact information, including email address, and that of its counsel,

SRF 55335

1.

Participant must provide all of the information below in English:

if any:	
Participant's Name:	LOUIS J. AURUTICK
Participant's Address:	11610 GILSDA ST. Silver SPring MD
Participant's Email Address:	Louis Ava C com cost. net
Name of Counsel:	sieh C. RESEVELLE ENGELLED VIEW
Address of Counsel:	
Email Address of Counsel:	C10707074 - 41
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283- LTS
Nature of Claim:	AttAched
By: Tour J. Signature	ORIGINAL STATE OF THE PROPERTY OF THE STATE
Print Name	AVROTICE Mr Louis J Avrutick
Title (if Participant is	not an individual) 11610 Gilsan St Silver Spring, MD 20902-3123
8/5/2021	STORES AND STATE OF PARTY THE SECOND STATE OF THE STATE O
Date	

Mr Louis J Avrutick 11610 Gilsan St Silver Spring, MD 20902-3123

Lourts Clerk office U.S District Court

leak: Office 150 Ave CARLOS CHARDON #150

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Pro se Notices of Participation Page 12 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Octavia Arroyo Yelendez
Participant's Name: Octavia Arroyo Yelendez Participant's Address: Alberts de Rob Grande C-1013 NG03 Roberts Participant's Address:
Participant's Email Address: /morales 221969 @ 9mail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1322b - 1325A No.17-32F3-LT5
Nature of Claim: Proues A Title III Common weasth of PR
By: Octavia arga Melinda Signature
Octavia Arroyo Melendez
Print Name
Title (if Participant is not an individual)
8-8-21 Date



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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 14 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.		
Participant's Name:	Carmen Silva Jaracuente	
Participant's Address:	Urbanización: San Felipe Calle 10 J-8 Arecibo, P.R.00612-3	3363
Participant's Email Address:	quee 201n & gmail. com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	179 180	
Nature of Claim:	Pension / Refire Claims =	
By: Camer Siba	Loumite State &	
Signature	The state of the s	
Carmen Si	Iva Laracuente	
Print Name	7 2 E	0
	0.	
Title (if Participant is	not an individual)	
Date C- agost	1 606-0	

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CLAIMA'S PERIOR
U.S. DISTRICT COURT
SAN JUAN, PK

Carmen Silva Lavacuente Urb. San Felipe Calle 10 J-8 Arrelibo, P. R. 00612

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United States District Court Clerk's Office, 150 Ave. Carlos chardon Ste. 150, San Juan, P. R. 00918-1767

Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 16 of 107

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	ydra E. Cartagena Reyes
Participant's Address:	C 71 Box 7598
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	Debrois
Claim Number:	1 BK 3283-LTS
By: Adi & Certgrue Signature	Ry
Print Name	AND
Title (if Participant is not an $\frac{8}{6}$	individual)

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0.5. DISTRICT COURT PR
SAN JUAN. P. 1

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7. Discovery Notice to the Courts Clarks
United States District Crurt,
Clarks office
150 Ave. Carbs Charden 5t. 150
San Juan ple 00918-1767
San Juan ple 00918-1767

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 18 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Olga Alvarado Figueroa Calle Pedro Alvarados #4, DD
Participant's Address:	P.O. Box 725, Tenuelas P.R. 0062
Participant's Email Address:	alvaradoolga 652 yahoo.com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS 20 5 7
Nature of Claim:	Promesa Title 111
By: <u>Ulga Slvara</u> Signature	rdo Lquerva
Olga Alvarad	lo Figueroa
Print Name	
Title (if Participant is	not an individual)
August 6 Date	- 2021

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 20 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: John Devine TTEE Marie Abev, ne TTEE Devine Living True U/A bated 5/29/20
Participant's Address: 2889 NTombertin PT, Hernando Fl 34442
Participant's Email Address: 1ere 1013 Qadrom
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number:
Nature of Claim: By: Also Devine
Date Date

San Juan P.R. 00918-1767

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CONTO-17CENT

6 AUG 2021



Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Solanda Pacheco Romen
Participant's Address: Tortugo 19 carr. 873 Aptdo- 19 6.5. P.K 0092
Participant's Email Address: yolanda pacheco 95@ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3566-LTS
Nature of Claim: Employees Retirement Bystein OF the Government By: Yokada Parker Signature
Yolgada Pachew Print Name
Title (if Participant is not an individual)
$\frac{5-08-2021}{\text{Date}}$

19 5.2. P.R. 00976

STATE OF THE PARTY OF THE PARTY

Participant must provide all, of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim:	if ally.	
Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Do A BK 32-83-UTS	ticipant's Name:	5
Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Do A BK 32-83-UTS	ticipant's Address:	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Claim Number: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:	ticipant's Email Address:	00987-751
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Do A BK 3283475	me of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: QQ AQ 3283475	dress of Counsel:	
Claim Number: UO A BK 3283LTS	ail Address of Counsel:	
Tratule of Cialifi.	im Number:	
By: Signature	Ly Lund	ZOZI AUG I
Print Name	Print Name	Day Fill
Title (if Participant is not an individual) Date	8/6/2021	17



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FOR DOMESTIC AND INTERNATIONAL USE

Label 228, March 2016

Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 26 of 107

Participant's contact information, including email address, and that of its counsel

Participant must provide all of the information below in English:

1.

if any:	desired marketing metading email address, and that of its countries,
Participant's Name:	GERTRUDIS CRISTINA HERNANDEZ-Miche
Participant's Address:	P.O. Box 716, MAYAGUEZ, P.R. 00681-071
Participant's Email Address	
Name of Counsel:	DEPARTMENT OF Public HEALTH OF PUERTORIC
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	110712
Nature of Claim:	Finandy Muchels
By: Testrudis E.	Hunarde Muchels
Signature	
GERTRUdis	CRISTINA HERNANDER Michels
Print Name	and the continuous con
CX THE STREET	to requirements. If this Profice in III 2007 5 - 2
Title (if Participant	is not an individual)
August Lo,	2021
Date	

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HAGUET, P.R. 00681-0716 RISTINA HERNANDEZ Michels

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 28 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:		
Participant's Name:	Marisol Hana Gonzalez	Jaine
Participant's Address:	Unb Villa Carolina, Calle 7 Blg. 27#31, Co	rolina, P.R.
Participant's Email Address:		
Name of Counsel:	NA	
Address of Counsel:		e
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	49762	
Nature of Claim:	fromesa Title III	B
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Signature	ana Gonzalez	2
Print Name	ina Gonbie	29 5
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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 30 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address	ss, and that	of its	couns	sel,
Participant's Name: Marisol Hance	on Zal	ez	2	
Participant's Address: Who Villa (arolina, Calle	1 15/2.	21	#	3/1
Participant's Email Address: marisolhan ceag mail-ar	n			
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:				
2. Participant's Claim number and the nature of Participant Claim Number:	's Claim:		Li de la companya de	
Nature of Claim: By: Harisol Hance Gonzalez Print Name	U S, DISTRICT	2021 AUG 1 0 PI	% CENTED &	
Title (if Participant is not an individual)	325	159		
august 7, 2021		47	1	

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 32 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,					
Participant's Name: Aida L. Ortiz Nieves					
Participant's Address: HC33 Box 5188 Dorado, P.R. U0648					
Participant's Email Address: mire/122/08 @ 9 mail. Com					
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
2. Participant's Claim number and the nature of Participant's Claim:					
Claim Number: 64,484					
Nature of Claim: My claim is hased on two aspects: We					
By: did L. Astiz Meuer did not receive					
Signature any payment for					
Aida L. Ortiz Nicues 89 Law of 1984 Print Name					
collea Romerazo					
debt of \$19,200 and					
Title (if Participant is not an individual) August Live + twenty Law - teacher retire -					
Date tare none ment \$4,911.60).					
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice					

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U.S. DISTRICT COURSELY FOR AUGUST AUG

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Pro se Notices of Participation Page 34 of 107

Participant must provide all of the information below in English:

 Participant's conta if any: 	act information, including	g email address, and	that of its cou	ınsel,
Participant's Name:	JOHN W	Schech		
Participant's Address:	50 Lakewa	ood Cswy	Winter	Howen F
Participant's Email Address:	JOHN. Scheck	-@MS. CO	m	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:				·
2. Participant's Clair	n number and the nature	of Participant's Clai	m:	
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John W. Print Name	Scheck			1
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150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

Clerk's Office

United States District Court



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 37 of 107

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,	
Participant's Name:	María F. Padro Vizcarrondo	
Participant's Address:	POBOX 3956 Carolina, PR 00984-3	39
Participant's Email Address:	maria pad rosoa) ya hoo.com	
Name of Counsel:	<u> </u>	
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Plaim number and the nature of Participant's Claim:	
Claim Number:	150219	
Nature of Claim:	Public Employee Claims	
By:	D	
Signature		
MariaEl	adro	
Print Name	Ado Sala Ago To	
	美國家 등 图	
Title (if Participant is	not an individual)	
August Date	7,2021	

Cruz Roja Americana Colaborador

Ms. Maria F. Padro PO Box 3956 Carolina, PR 00984-3956

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 39 of 107

Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel,
	if any:
Participant'	s Name: Myeren Garez Plez
Participant'	
Participant'	s Email Address: Las Dolecos pio Hundo pho
Name of Co	ounsel:
Address of	Counsel:
Email Addr	ress of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Num	nber: 143130 y 142723
Nature of C	Claim: Salarie Supp
By:	Nyun Laz Poz nature
M M	Vena Gonez Perez
Pri	nt Name
Title	e (if Participant is not an individual)
	C A N
Dat	6 agosts 2021

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:				
Participant's Name:	Candido Santiago	o Alve	rio	
Participant's Address:	HC-20 Box 255			P.R.007
Participant's Email Address	s: Chagema 1 2 hut	mail co	m	
Name of Counsel:				
Address of Counsel:	· · · · · · · · · · · · · · · · · · ·	45.5		
Email Address of Counsel:	Water Committee of the			
2. Participant's	s Claim number and the nature of Partici	ipant's Claim:		
Claim Number:	17BK 3283-LT	S	8	
Nature of Claim:				
By: Cignature	to			
Candid So Print Name	entiaso	5A	THE AUG TO	
Title (if Participant	is not an individual)	200	-0 S	<u>.</u>
August 5,	2021	POE	N F	
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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 43 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: He 20 Box 25502, Sanforenzo Par. 00754 Participant's Name: Participant's Address: Participant's Email Address: Chagoma 10 hotmail com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual) August 5, 2021

San Lorenzo P.P. 00754

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 45 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Zoraida Castellow Negron Mail Italress

Participant's Address: Bo. Almacigo Bajo La República Yauro (Po Box 852, - Yauro 20698)

Participant's Email Address: Castellow zoraida a yahoo. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: No. 17BK 3283 - LTS Claim Number: Promesa Titulo (Title) III Nature of Claim: Znaih Sistedes Regen Signature

Zoraida Castellin Negron Title (if Participant is not an individual) Date Bugust 5, 2021

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Pro se Notices of Participation Page 47 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Mirta L. de Jesus Livera
Participant's Address: 1419 Calle Vavarra Wrb. La Rambla
Participant's Email Address: Mirtalizae Jesus e yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel: NA
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 101605
Nature of Claim: Promse-Title III Case-
By: Whita C. M. Jis Lewera
Signature
Print Name
Print Name
Title (if Participant is not an individual)
8/3/2021
Date

COVE* 1619 Dale Tevasre

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 49 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: DSUNO Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 01 11 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Bond # 30,000.00 CASE # 17BK\$283 Nature of Claim: By: Signature Done 16,2021

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 51 of 107

Participant must provide all of the information below in English:

Participant's contact information, including 'email address, and that of its counsel,

1.

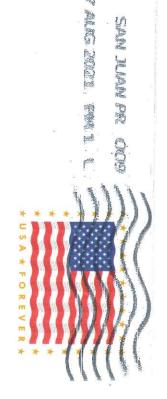
if any:				
Participant's Name:	Lourdes Rodriquez De	Leon	\cap	
Participant's Address:	HC-01 BOX 1881 Morou	isp.	R.C	2008
Participant's Email Address:	14/4 34 pr @ gmail com			
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:				
	Claim number and the nature of Participant's Clai	m: =	7071 A	ED CEL
Claim Number:	11 BIL 3203 E13	1273 Exis	5	- TE
Nature of Claim: By: Signature	1 Defusion		PH 22	Ros
	riguez DeLeun		60	
Print Name				
Title (if Participant is	not an individual)			
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United states District court, Clerk's office 150 Ave. Corlos Chardon Ste



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 53 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Estate of Blas Hernandez Marcano 9 yarnell St. Brentwood ny 11717
Participant's Address:	9 yarnell St. Brentwood ny 11717
Participant's Email Address:	Lilly Colon 1 @ yahoo. Com
Name of Counsel:	NIA
Address of Counsel:	NIA
Email Address of Counsel:	NA.
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17BK 3283 LTS.
Nature of Claim:	Common Wealth Plan of adjustmens
By: OFRNUSEA	Herners-
Signature	
Fransica 1	emandez (spouse)
Print Name	
Title (if Participant is	not an individual)
8/3/21	
Date	mail C

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 55 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Israel Torres Rodriguez
Participant's Address:	HC-01 BOX 1881 Morovis P.R. 0068
Participant's Email Address:	israeltorres1249@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's CClaim Number:Nature of Claim:	Plaim number and the nature of Participant's Claim: 17 BK 32 83 - LTS
By: Janual Jones Signature Listal Torre Print Name Title (if Participant is 5 agos to Date	not an individual) 2021

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 57 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: ROSITA BARRANCO COLON	
Participant's Address: 5237 Admiral Pointe DR Apollo Beach FL 3	357
Participant's Email Address: barrancor O yahoo com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 - 3 K - 3283 - LTS	
Nature of Claim: Commonwealth of Puerto Rico TAXID 3	181
By: Rosita Barranco Colón Signature ROSITA BARRANCO COLÓN	
Signature	41
ROSITA BARRANCO COLON	
Print Name	
	jac-
Title (if Participant is not an individual)	T-
8/4/21	7
Date	

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UNITED STATES DISTRICT COURT

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 59 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
articipant's Name: Olga Ortiz Rivera
articipant's Address: 527 South Ext.
articipant's Email Address: ortiz oga of @ g mail . Com
Jame of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10133030
Nature of Claim: Romeraso"-Ley 84 cost of living law By: Alas Oster Livera teachers retirement
Signature
Olga Ortiz Rivera Print Name
Fillit Name
Title (if Participant is not an individual)
08/06/2021 Date

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Pro se Notices of Participation Page 61 of 107

Participant must provide all of the information below in English:

 Participant's if any: 	contact information, including email address, and that of its counsel,
Participant's Name:	Elida M. Aquayo Diaz
Participant's Address:	P.O. Box 481 Dorado, P.R. 00646-048
Participant's Email Address	eaguayodiaz@amail.com
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	NA
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	173499
Nature of Claim: By: /// Omass	Department of Education-Public Employee and Pension/Retiree
Signature Elida M. Aque Print Name	YO DIAZ
Title (if Participant is	ot an individual)
August 7, 2	721

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

1.

1. Participant's confirmation if any:	ontact information, including email address, ar	nd that of its counsel,
Participant's Name:	Mirielle Hoyle	ile). III
Participant's Address:	15025 HAYS ROAD	
Participant's Email Address:	Muinibabeh@ ADL.	2.014
Name of Counsel:		
Address of Counsel:		- E J.
Email Address of Counsel:	la .	
2. Participant's C	laim number and the nature of Participant's C	laim:
Claim Number:	17 BK 3283-1TS	
Nature of Claim:	P.R. COMMWERLTH GO	45,000,00 Bond
By: Muielle M.	1. Houle	Company of the same
MiRielle / Print Name	4. Hoyle	NED &
Title (if Participant is	not an individual)	FERT S
8-2-2 Date	Dal	

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any.		
Participant's Name:		
Participant's Address:	VI CRA PARALLA AND AND AND AND AND AND AND AND AND AN	75,
Participant's Email Address:	3 3	
Name of Counsel:		a
Address of Counsel:		
Email Address of Counsel:		
Claim Number:	25 2 6 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6	
Date		E,

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Ms Luz Rivera
216 Maryland Ave
216 Maryland Ave
Newport DE 19804-3041
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Clerks Office 150 Ave Carlos (SAN JUAN P.R.

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Luis F. Monge Benabe
Participant's Address:	Luis F. Monge Benabe Bo. Sabana Sector TANI Luguillo, P. Roo773 Apartado 37
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	170641
Nature of Claim:	Increase of salary not received
By: Suis F. Mor Print Name	一多个
Title (if Participant is Dugust 4 Date	



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 69 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aiiy.	
Participant's Name:	Marianela Torres-Radriquez
Participant's Address:	121 Ave Roosevelt Apt. 1504, Santuan PR 00917
Participant's Email Address:	Mtorresrodriquez@qmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	SS-XXV-XX-21/6 PR 1848 SRF SS 176 ID 270561 MMLED SS 1034-P SVC MML-PR
Nature of Claim:	I am concerned about the impact of the Adjustment Plan on my pension. I denot wont outs to my pension. Also, the
Ву:	Ito the lest two tire-deciber percent instino!
Signature	
Print Name	s-Rodriguez Esta 5 E
Title (if Participant is	not an individual)
Date	

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San Juan, PII 00917

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: KOLUNDO T. Collus Suntes Participant's Name: VRS. VIII. Del Sol Calle Manuel Ternander Jones A-21, Jones la 1, PR. 00795 Participant's Address: Participant's Email Address: 100 1/423 Secretas a Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 73 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

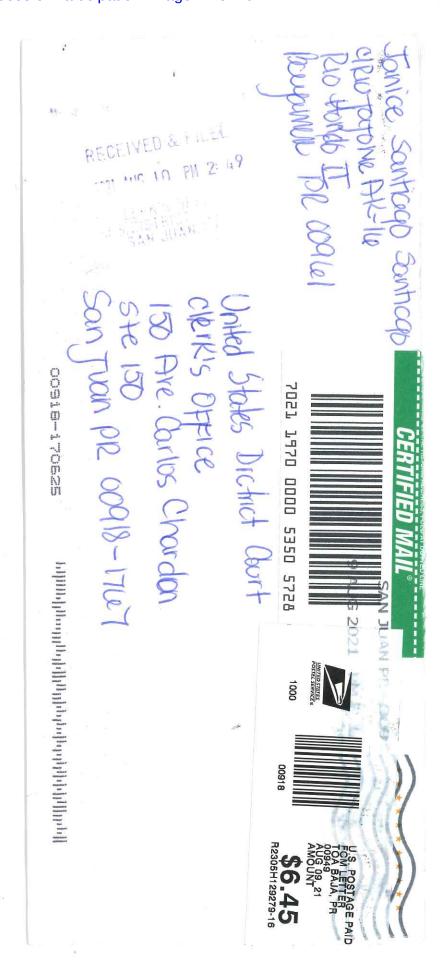
Signature

Janice Sontago

Print Name

Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 75 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

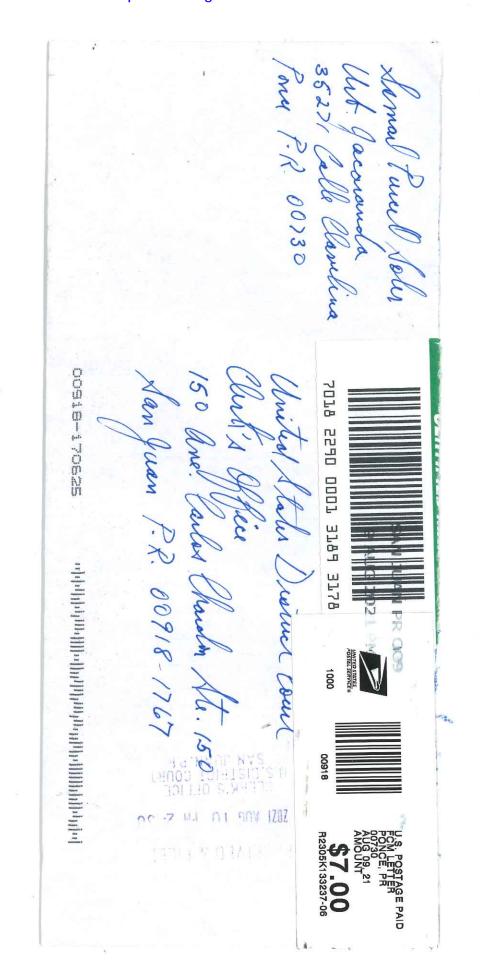
if any.	
Participant's Name: Zorgida Rodrigues Cornis	3
Participant's Address: P.O. Sox 560945 - Guayan	16 P.R. 00656-
Participant's Email Address: Lodrigues	
Name of Counsel:	
Address of Counsel:	<u> </u>
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's C	laim:
Claim Number: 152193	16
Nature of Claim: Ley Romesa Titulo III	
By: Jonaida Johnson & Corney Signature Corney	D2 70
Frint Name Cornier	ECCIVED TO SAN JU
Title (if Participant is not an individual)	O PN
August 7, 2021	2 3 E



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 77 of 107

Participant must provide all of the information below in English:

1.	if any:	contact information	i, including ema	all address, and	that of its	counsel,
Participant's	a transfer and the second	Ismae//	Durce//2010	ALys	Collaz	0
Participant's		16. Jacara	nda, 3527	11 Calle Cal	velina,	Ponce
Participant's	Email Address:	PEPULCEI	12000@	Xahoo. co	m	
Name of Cou	unsel:					
Address of C	Counsel:	0 —			1	
Email Addre	ess of Counsel:		PFPUr	ce11 2000 (e	Yahoo	. com
2. Claim Numb		Claim number and 898	And the second s	rticipant's Clai	m:	
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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 79 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Wilfredo Corps-Kivera
Participant's Address:	6 Chalets de San Fernando Apt. 601 Carolina, P.R.
Participant's Email Address:	wcorps 1964 @ gmail.com
Name of Counsel:	·
Address of Counsel:	And the second s
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	170632
Nature of Claim:	Publig Employee Claims . Increase of Salary not
By: Milfull Ce	pe Kinea
Signature Wilfredo C	orps Rivera
Print Name	orps Kivera
Title (if Participant is	not an individual)
8/8/2021	
Date	

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 81 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.		
Participant's Name:	Edgar Ivan Perez Dávila	
Participant's Address:	Calle 3, I-1, Ird de Canovanas	2
Participant's Email Address:	e3perez 10 gmail com	
Name of Counsel:		
Address of Counsel:		-
Email Address of Counsel:		
2. Participant's Cl	laim number and the nature of Participant's Clair	n:
Claim Number:	23945	
Nature of Claim: By: Signature	Pension / Retiree Claims	70
Edgar Ivan Pe Print Name	rez Davila	TOTAL TO SECULATE OF STATE OF
Title (if Participant is n $\frac{31/07}{2021}$ Date	ot an individual)	PILED NEDU 2:38

Edgar I. Perez Dávila

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150 Ave. Carlos Chardon Ste. 150,

Clerks Office,

San Juan, P.R. 00918-1767

United States District Court

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 83 of 107

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 7 BK 3283-LTS Claim Number: romesa, Title III Nature of Claim: Title (if Participant is not an individual) Dugust 07, 2021

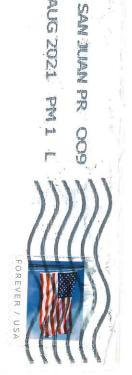
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim Number: Nature of Claim: Participant's Claim Claim: ### 33872 By: Marin A Conton of Counsel: Signature	
Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim Claim Number: Nature of Claim: H 33872 By: Marin A Tordong Cosme	00730-40.
Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim Claim Number: Kf=2007-4359 (803) Nature of Claim: # 33872 By: Marin A Tordong Cosma	
Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim Claim Number: Kf = 2007 - 4359 (803) Nature of Claim: # 33872 By: Marin A Torotonica Cosma	
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim Claim Number: Kf=2007-4359 (803) Nature of Claim: # 33872 By: Marin A Torchong Cosma	
2. Participant's Claim number and the nature of Participant's Claim Claim Number: Kf=2007-4359 (803) Nature of Claim: # 33872 By: Marin A Tordonic & Cosma	
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Signature	
Maria A. Jontainez Cosme	100 ECE
Print Name	AUG TO
Title (if Participant is not an individual) 9 / agosto / wa/ Date	90 8



Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 87 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	
Participant's Address:	CHAIR IN A ROLL OF BUILDING TANDERS WANTED
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	ATOMOGRAFIA AND AND AND AND AND AND AND AND AND AN
2. Participant's Claim number and Claim Number:	d the nature of Participant's Claim:
Nature of Claim: By: Signature Eddie Rodriguez G Print Name Title (if Participant is not an individual) August 07, 2021	Pensin de un 75°/obajs
Date	

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Eddie Rodriguez Gunilou

Clertis Office 150 Due Carlos Cherdin Ste 150 San Juan, PR UDS18- 1767

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Topic Control of the Control of the

Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address, and that of its counsel,
if any:	11.811. 111.
Participant's Name:	Julia F. Alvira Calderon
Participant's Address:	HC67 BOX 23625 Hajardo, 1.19.00108
Participant's Email Address:	HC61 Box 23625 Fajardo, P. R. 00738 angelinapes 2 Quicloud-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	119506 - 1 11/ Kaws:
Nature of Claim:	Salary Increases not granted (1984 and 2002)
By: Alin & Co	Slein Cacher
Signature	Calborn E
Print Name	
Title (if Participant	s not an individual)
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Alvira Calderon, Julia F. HC67 BOX 23625 FAJARDO PR 00738 PR 1845 SRF 55176 PackID: 31138 MMLID: 1993479-D SVC: MML-PC

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 92 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Elvin Couzman Torres Participant's Name: 24B Elias BARDOSO Street Coto Laurel Participant's Address: Participant's Email Address: 2 Dinguzman 1758 d Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) Date

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Pro se Notices of Participation Page 94 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Lorginemeding 2020@ Yahoo.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Signature Title (if Participant is not an individual) Augus + 3, 2021

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 96 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: José M. Melendez Ortiz Participant's Name: Participant's Address:

Box 334 Naguabo P. R. 00718

Participant's Email Address:

Jose-melendezoffiz@guail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) 6 de agosto de 2021

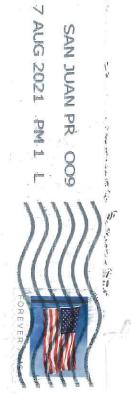
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United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150,

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 98 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Luis A. Zayos Vera	-0, m
Participant's Address:	P.O. Box 488 Adjuntos, P.R. oc	xe ())
Participant's Email Address:		11-
Name of Counsel:	daring Salaton mark to a servizion	1140 3 mare
Address of Counsel:	L manufact.	
Email Address of Counsel:		
2. Participant's C Claim Number: Nature of Claim: By: Signature	Intention to participate in disconnection with continuotion is	overy in of the Pla
Print Name Title (if Participant is	not an individual)	TRECEIVED
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Instructions for Eiling Mati	on of Darticination. If you are represented by counsel	thic Notice

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Discovery Notice to the Court's Clerk's office of

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

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Participant's Email Address:

Participant's Claim Address:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Public Employee claims

By:

Pint Name

Title (if Participant is not an individual)

August 5, 2021

#134 Enrique Lequence Unb. Estancias del lone, Puerto Ria con 30-0545

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clerk's office 150 Ave. Cartos Chardon ste. 150 San Juan, Ruto Rice 00918-1767 United States District Court

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc Pro se Notices of Participation Page 102 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Wanda I Torres Ruiz
Participant's Address:	P.O. Box 488 Adjuntos, P. R. 00001
Participant's Email Address:	wanda_torres 26@ yahoo.com
Name of Counsel:	glimoti is a seconomora au
Address of Counsel:	, <u>l</u> w _j
Email Address of Counsel:	Debters '
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 - LTS
Nature of Claim: By: Wavely Janes Signature	Intention to participate in discovery in fronnection with confirmation of Plan.
Wanda I. T. Print Name	ornes Ruiz
Title (if Participant is August 16, 20	not an individual)

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Marda I. Torres Ruiz P.O. Box 488 Adjuntas, P.D. 00401-0488

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Discovery Notice to the Cleric's office at United States District Court, Cleric's office 150 Ave Charlos Chardon Ste. 150

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 104 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, in if any:	acluding email address, and that of its counsel,
Participant's Name: Packed E	ICEROA aponto
Participant's Address: H 12	180x 12971
Participant's Email Address Humaca	ruento Rico 00791
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	point!
2. Participant's Claim number and the Claim Number: Peder Fige 109 Nature of Claim:	nature of Participant's Claim: a ponte-17 B & 3289 1 t S
By: Pedro Figueroallporile	
P. F.A. Pedro Figueria A	epowie
Print Name	
Title (if Participant is not an individual)	Service Servic
Date	

Pedro Figueroa aponte H 612 Box 12 971 H umaca P. R.00791-7425

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COUNT'S CLEMK'S OFFICE AT:

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150 Ave. CAHOS ChardOXSTE. 150

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Case:17-03283-LTS Doc#:17767-1 Filed:08/11/21 Entered:08/11/21 15:47:38 Desc: Pro se Notices of Participation Page 106 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Juan A. (slow Glow Participant's Name: HC03 Box 32255 Hatillo P.R. 00659 Participant's Address: Participant's Email Address: 10/5 N/565 @g mail. Com

Name of Counsel: United States District Court, Clerk 5 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: #49762-Law #89-Romerazo-Essective July 01/1995 Nature of Claim: By: Signature Title (if Participant is not an individual) 08-06-2021 Date

HC03 BOX 32255 Hatillo P. R. 00659

United States District Court,

Jerk'S

Office 150 Ave. Carlos Chardon Ste. 150

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